

# EXHIBIT 2

Standard Form 50

Rev. 7/91

U.S. Office of Personnel Management

FPM Supp. 296-33, Subch. 4

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>DUBOYCE, CHARLES</b>						2. Social Security Number		3. Date of Birth		4. Effective Date <b>9/25/2005</b>	
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>					
5-A. Code <b>317</b>		5-B. Nature of Action <b>RESIGNATION</b>				6-A. Code		6-B. Nature of Action			
5-C. Code <b>ZVC</b>		5-D. Legal Authority <b>P.L. 107-71</b>				6-C. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number <b>SCREENING MANAGER 90066354 012432</b>						15. TO: Position Title and Number					
8. Pay Plan <b>SV</b>		9. Occ. Code <b>1801</b>		10. Grade/Level <b>09</b>		11. Step/Rate <b>00</b>		12. Total Salary <b>54,100.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>54,100.00</b>		12B. Locality Adj. <b>.00</b>		12C. Adj. Basic Pay <b>54,100.00</b>		12D. Other Pay <b>.00</b>		16. Pay Plan		17. Occ. Code	
18. Grade/Level		19. Step/Rate		20. Total Salary/Award		21. Pay Basis		20A. Basic Pay		20B. Locality Adj.	
20C. Adj. Basic Pay		20D. Other Pay <b>.00</b>		22. Name and Location of Position's Organization  <b>HS HS TA0221002901000000 PP 19 2005</b>							
14. Name and Location of Position's Organization <b>TRANSPORTATION SECURITY ADMINISTRATION Operations Directorate (COO) Intermodal Programs Office HNL</b>											
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>1</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF <b>X</b> YES <b>X</b> NO	
27. FEGLI <b>C0 BASIC</b>						28. Annuitant Indicator <b>9 NOT APPLICABLE</b>		29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K FERS AND FICA</b>				31. Service Comp. Date (Leave) <b>6/2/2002</b>		32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period			
34. Position Occupied <b>2</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved						35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code		37. Bargaining Unit Status <b>8888</b>	
38. Duty Station Code <b>15-2400-003</b>						39. Duty Station (City - County - State or Overseas Location) <b>HONOLULU HONOLULU HI</b>					
40. Agency Data		41.		42.		43.		44.			

## 45. Remarks

SF-2819 WAS PROVIDED. LIFE INSURANCE COVERAGE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (NON - GROUP CONTRACT).  
FORWARDING ADDRESS-  
" 98-1278 HOOHUALI PLACE, PEARL CITY, HI 96782 " ;  
LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE.  
REASON FOR RESIGNATION: INJUSTICE IN MY TREATMENT AS AN EMPLOYEE.

EXHIBIT 2

46. Employing Department or Agency <b>HOMELAND SECURITY</b>			50. Signature/Authentication and Title of Approving Official  <b>Sandra Sherman</b>	
47. Agency Code <b>HS TA</b>	48. Personnel Office ID <b>1598</b>	49. Approval Date <b>10/6/2005</b>		

